

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



September 2, 1988

ALL COUNTY LETTER NO. 88-117

To: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE SERVICES OFFICES

SUBJECT: REDUCTION OF TIME ELIGIBILITY FOR FEDERAL REIMBURSEMENT FOR REFUGEE
CASH ASSISTANCE/ENTRANT CASH ASSISTANCE (RCA/ECA) PROGRAM COSTS

REFERENCE: ACIN I-128-82

The State has been notified by the Federal Office of Refugee Resettlement (ORR) that effective October 1, 1988, ORR will reimburse the State for RCA/ECA program costs for the first 12 months that a refugee is in the United States (U.S.) rather than the first 18 months. The rule change was published August 24, 1988 on page 32222 of the Federal Register.

The purpose of this letter is to provide program, fiscal claiming, and statistical reporting instructions necessary to implement the time-eligibility reduction to 12 months in the RCA/ECA program.

I. Program Instructions

Counties must immediately identify all RCA/ECA assistance units (AUs) affected by the reduction in time eligibility. Refugee AUs terminated from RCA/ECA must be sent a timely Notice of Action (NOA) and should be evaluated, if still categorically eligible, for other programs in accordance with Manual of Policies and Procedures (MPP) Section 40-109.3.

New applicants who have been in the U.S. 12 months or longer, and who would have been otherwise eligible for RCA/ECA, must instead be evaluated for eligibility for other cash aid in accordance with MPP Section 40-109.3.

Within 15 days of the change in mandatory status, Counties must also notify the Central Intake Points/Central Intake Units via the RS 18 (Information Transmittal Form) that the RCA/ECA registrant is no longer a mandatory participant.

A. NOA

A camera-ready copy of Form NA 991 (8/88) is enclosed. This NOA reflects the revised language the Counties must use for the reduction from 18 to 12-months time eligibility. Counties should destroy existing stocks of Form NA 991 (11/82). A supply of the form will be available from the State Warehouse in approximately eight weeks.

1. Refugee Resettlement Program - Cash Grant Caseload Movement Report
(Form RS 22A)

All counts reported on this form for the RCA/ECA Program will reflect the 12 month limitation for time eligibility. For example, in the RCA/ECA columns, Line 8a(2), "Time-Eligible Persons", Counties should report refugees who have resided in the U.S. from 1 to 12 months; on lines 9a and 9b, "RCA/ECA" only, Counties should report the number of cases and persons that were terminated because they became time expired after 12 months.


2. Refugee Report, Time-Expired Cases and Persons (Form RS 22A)

All counts on this report will reflect those refugees who have time expired at 25 months and who are still receiving benefits in Aid to Families with Dependent Children, GA or Medi-Cal. Those recipients who have time expired from RCA/ECA at 13 months and who then become eligible to receive Federally funded GA, will now be eligible for 100 percent Federal funding of the GA grant for 12 months (12 months of RCA/ECA plus 12 months of GA). Therefore, these recipients should be reported as time-expired GA recipients at 25 months.

3. Refugee Assistance by Nationality Annual Report (Form RS 238)

Counts reported on this form for RCA/ECA will reflect the 12-month limitation for time eligibility.

Questions concerning refugee program requirements should be directed to Ms. Betts Smith at (916) 322-3141. Questions regarding fiscal claiming should be directed to Ms. Janet Sandlin (Administration) or Ms. Stephanie Davis (Assistance) at (916) 445-7046. Any questions concerning statistical reporting should be referred to Ms. Carole Sharkey, at (916) 323-5087.


ROBERT A. HOREL
Deputy Director
Welfare Program Division

Enclosure

cc: CWDA
Dr. Sharon Fujii

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YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal
☐ Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me
(name and address, if known):

I need an interpreter at no cost
to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My signature _____

Date: _____

Notice of Action

If you have questions or want more information about this notice, please contact your worker.

Case Name:
Case Number:
Worker:
Phone:
Date:

- ☐ Your monthly aid payment received under the Refugee Resettlement Program or Cuban/Haitian Entrant Program will be decreased from \$_____ to \$_____ on the effective date shown below. Your aid payment is based on the number of persons in your household, and the following persons will be discontinued from cash aid and cash-based Medi-Cal effective _____
- Persons: _____

Computation Of Monthly Aid Payment		Net Nonexempt Income Computation		Name	Name	Name
Maximum Aid Payment for _____ Persons	_____	Total Earned Income				
Special Needs (Specify) _____ + _____	_____	Inc. Tax. Soc. Sec. and Disab. Ins. -				
_____ + _____	_____	Standard Work Expense Disregard -				
Net Nonexempt Income -	_____	Dependent Care Expense Disregard -				
Total Grant =	_____	Subtotal =				
Overpayment Adjustment (see page _____) -	_____	Other Countable Income _____ +				
Monthly Aid Payment =	_____	_____ +				
		Court Order Child Spousal Support Paid -				
		• Net Nonexempt Income =				
		or				
		• Net Nonexempt Income Total (columns 1 + 2 + 3) =				

- ☐ Your monthly aid payment and cash-based Medi-Cal received under the Refugee Resettlement Program or Cuban/Haitian Entrant Program will be discontinued effective _____
- ☐ You will receive a separate Notice of Medi-Cal-Only eligibility.
- ☐ Other Medi-Cal Action: _____

Reason:

These changes are required by Federal regulations which limit refugee/entrant aid payments and cash-based Medi-Cal eligibility to 12 months from the person's month and year of entry into the United States. It has been determined from a review of immigration documents that you or the persons named above will have exceeded this period of eligibility on the effective date shown above.

Laws requiring this action:

Section 412 of the Refugee Act of 1980 (Public Law 96-212) or Section 501 of the Refugee Education Assistance Act of 1980 (Public Law 96-422), as implemented by 45 CFR parts 400 and 401; 45 CFR 205.10; California Administrative Code Title 22, Sections 50183(a)(3) and 50227.

Comments:

You or the persons discontinued may be eligible for further cash aid through other aid programs. Please contact your County Welfare Department for more information. Refugees/Entrants receiving aid payments under the AFDC Program are not affected by this notice or the 12-month eligibility limit.

State welfare regulations are available for review at the local office of the County Welfare Department.

Information about family planning services is available from the County Welfare Department on request.

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.